

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27112

State File No.

6904

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Compton**
4311 S. Compton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Hedwig Hock**

3. (b) If veteran,
name war.....

3. (c) Social Security
No. **None**

4. Sex **Male** / 5. Color or
race **White** 6. (a) Single, widowed, married,
divorced **Married**

6. (b) Name of husband or wife..... **Edward Hock**
6. (c) Age of husband or wife if
alive **65** years

7. Birth date of deceased **September 20 Th 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 ----- **11** - **5** - hr. min.

9. Birthplace **Austria** **H**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business

MOTHER FATHER { 12. Name **John Schmidt**
13. Birthplace **Austria** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Helen Talafaut**
15. Birthplace **Austria** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kurt Hock** **Compton**

(b) Address **4311 S Compton Ave 1941**

17. (a) **Burial** (b) Date thereof **August 27 Th**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St Peter & Paul Cem.**

18. (a) Signature of funeral director **Edward Hock**

(b) Address **3516 N. 4 Th St**

19. (a) **AUG 26 1941** (b) **J. H. Breach**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County..... **000**
(c) City or town..... **St Louis MO** **145**
(If outside city or town limits, write "RURAL")
(d) Street No. **4311 S. Compton Ave**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **25 th**
year **1941** hour **6** : **20** minute **A.** M.

21. I hereby certify that I attended the deceased from **July**
19**39** to **Aug 25** 19**41**;
that I last saw h. **er** alive on **August 25** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Metastatic Carcinoma **2 yrs.**

Due to **Carcinoma of Left Breast** **1 yr.**

Due to..... **50**
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Carcinoma of Left Breast**
Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature **Dwight Benjamin** (M. D. or other) **9/2/41**
Address **7408 N. Washington Ave.** Date signed **8/2/41**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.